MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER I" AMENDMENT AS FILED 2 MAMENDMENT AFTER I"AMENDMENT IND. DEP. 2 MAMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 24. TOTAL IND. TOTAL IND. TOTAL DEP

TOTAL

TOTAL CLAIMS